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Dear Sir

No 4 Sanson

Scarlet Fever

Peyton S Cooke

1827

Peyton S Cooke

of Virginia

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A Thesis

On Passed March 12<sup>th</sup> 1827  
W. S. Ho.

Purpurial Fever

By

Peyton S. Cocke

of Virginia

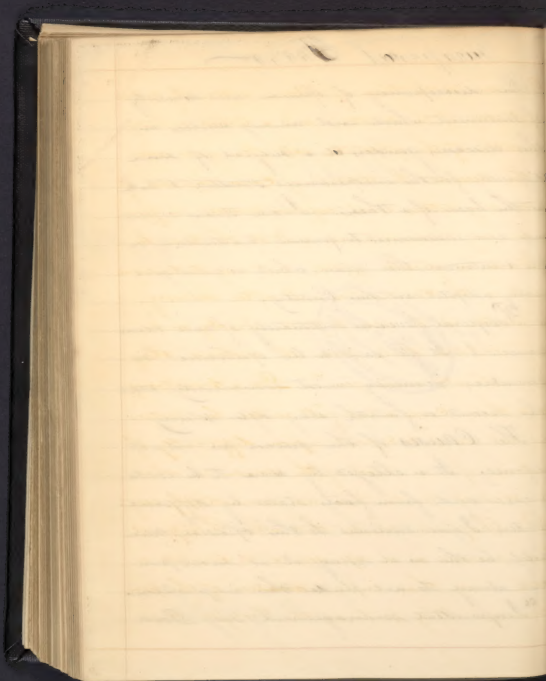


## Puerperal Fever

The discrepancy of opinion and diversity of treatment which exist among writers on this disease, renders it a subject of some difficulty, for the inexperienced student to take as the basis of a Thesis. — I have studied concise, and endeavoured to pursue, particularly in the treatment, that plan which is most generally adopted in this Country.

Puerperal fever is fortunately of rare occurrence. — It is said to be epidemic or sporadic, occurring most commonly about the second or fourth day after delivery.

The Causes of this disease are not well defined. It is alleged by some to be contagious, and from facts stated by different writers, I am inclined to this opinion. Nevertheless, be this as it may, it is most prudent always to act under this impression.  
c<sup>o</sup> Impudent management, say Doct.



Drumman, at the time of labour, especially rude treatment of the uterus; and a violent or hasty separation of the placenta will often give rise to this disease. In short every Cause capable of producing either local inflammation, or fever under any circumstances, will at this time be followed by greater effects; and any disturbance raised in the Constitution will after delivery, be invited as it were to parts already in a very irritable state from the violence they have already undergone." Dr. Armstrong says those Cases which fell under his notice did not seem to depend upon difficulty of labour, for in most of the women in whom it occurred, parturition was remarkably easy: Dr. Chapman thinks, that when Puerperal fever prevails as an epidemic, it consists in little more than inflammation of the peritonium. Why, Continues the Professor, this





membrane should be so liable, after parturition to this diseased action is not very evident. May not however the predisposition be owing to the relaxation and debility into which the peritoneum is thrown in consequence of the previous distension by pregnancy? This is plausible.—

Symptoms. This disease is usually ushered in by slight shivering, or rigor, attended by pain in the head, particularly over the eyebrows, ringing in the ears, flushing in the face, oppression, nausea attended frequently by vomiting. When vomiting occurs at this period of the disease it is apt to be bilious; and sometimes it is so excessive as not to admit of any thing remaining in the stomach. There is also anxiety and restlessness, Confusion, & occasionally some delirium. When the rigors abate the skin becomes hot and dry, and the



third urgent.— The disease advancing the whole Abdomen becomes tense and tender. It which at first is not severe, but is rapidly augmented. The tenderness increases to such an extent, that the patient cannot bear the weight of the bed clothes.— To this may be added pain in the hips, back and lower extremities. "The fulness of the belly," says Mr Burns, usually increases pretty rapidly and may proceed so far as to make the patient nearly as large as she was before delivery. In such cases the breathing is laboured." Indeed difficult respiration is an invariable attendant on Puerperal fever.

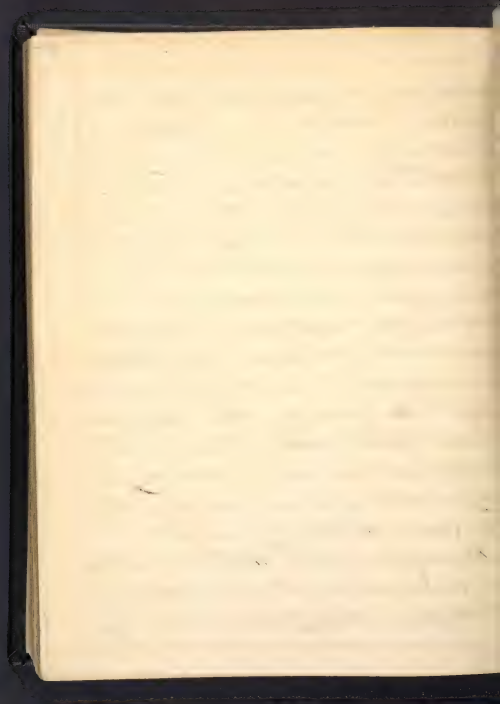
The countenance is expressive of anxiety, the lips are pale and sometimes parched, and a livid stripe is frequently observed under each eye.

The cheeks are flushed with a circumscribed redness. Respiration becomes more hurried, the patient often sighs and manifests extreme



restlessness by the tossing about of her head and arms, and the continual agitation of her whole body. — Her most ordinary posture is on the back, with the knees drawn up. The reason of this is obvious. By keeping herself in this situation, the abdominal parietes, which are exceedingly tender and sore to the touch, are relaxed; pressure from the intestines is removed by throwing them on the spine, and thus the position to which the patient seems almost instinctively led, is attended by considerable relief. "The pulse says Dr. Armstrong is seldom less than 120 in a minute, and mostly rather full tense and vibrating, or very small, sharp or somewhat wiry when the excitement has fully emerged."

The tongue is pale or white at first, but soon becomes brown. In some instances, the tongue is tolerably clean, and may



continue so, especially after vomiting has occurred. The whole interior of the mouth, throat, and down the oesophagus is covered with aphthae. The urine is voided with difficulty and is scanty, high coloured, and deposits a brown sediment. The bowels at first are constipated and sometimes flatulent, but about the third or fourth day they usually become loose. The discharges are dark, slimy and very foetid. The secretion of milk stops, and the breasts are apt to become flaccid.

At this time the anxiety and solicitude of the mother about her tender offspring seems to be lost entirely, and she evinces a total indifference towards every <sup>thing</sup> in which she was previously much interested. — When the disease is fully developed, the lochial discharge disappears, or only <sup>appears</sup> in small quantities, and is dark & very offensive.





The disease becoming aggravated, the symptoms are increased. The pulse now becomes more frequent and weaker, or tremulous.

Extreme debility ensues, hicough and sometimes an involuntary discharge of feces. The patient will attempt to rise out of bed, talk incoherently, start &c &c. This state of things is most commonly succeeded by a Calm. The patient becomes composed and collected. Complains of no pain talk cheerfully, and gives the delusive hope of her speedy restoration to health.

The disease apparently suspends its fury awhile but death lurks within; and the work of devastation is then carried on.

During this period of suspense the heart of the affectionate husband who is ever ready to catch at the least glimmering prospect of a happy issue now throbs with the utmost anxiety. Hope sheds a ray of light



obscure his gloom profound, and immeasurably  
 calm the agitations of his troubled bosom.  
 Restless and anxious he repairs to the bed-  
 side he looks, sighs, views her serene and  
 placid countenance, and listens, with atten-  
 tion to her cheerful conversation, and at the  
 warning by the Physician of the approaching  
 dissolution of his partner, his hopes strength-  
 en, prospects brighten, and he feign would  
 persuade himself that the storm is over.

But Ah! his hopes are illusive and evanes-  
 cent, and all his bright prospects, are but as  
 the meteor's glare. The disease soon resumes  
 its attack. Respiration now grows feebly still  
 and frequent, the ulcers are thrown into  
 perpetual motion, and all the energies of  
 nature yield to his irresistible power. He proges-  
 ses nor misers once the haec, until he tears  
 asunder the tenderest ties of humanity, laying



low in the dust the fond mother, affectionate wife and dutiful daughter.

Sometimes, death is preceded by low delirium or stupor. The mind at other times will continue unimpaired until a short time previous to dissolution, and the patient is carried off after a convulsive fit.

The disease sometimes manifests itself in an insidious manner, without shewing or other well marked symptoms.

**Diagnosis.** The disease with which Puerperal fever is most apt to be confounded is simple peritonitis. Mr. Burns thinks that it is very important to distinguish between the former and latter disease; but for my own part I think no great error would be committed, were we to mistake the one for the other, inasmuch as they both demand nearly if not exactly the



same treatment. It is said there is more desquamation, debility and headache; less heat of the skin, less thirst, and less flushing of the face in the former disease. - Dr. Armstrong states that the most of his patients, suffered with intense thirst.

But Puerperal fever has its peculiar symptoms. Great swelling, tension of the abdomen and brain short anxious breathing, uncommon quickness of the pulse, increased temperature of the body, flatulency of the stomach, peculiar wildness of the eyes, patient shrinking from pressure made on the abdomen, though they had previously complained of little or no pain in that part; prostration of the vital powers, suppression or diminution of the milk, and lochia, a flaccid state of the mamma, an unnatural condition of the excrements, accompanied by Diarrhoea, and finally the time at.





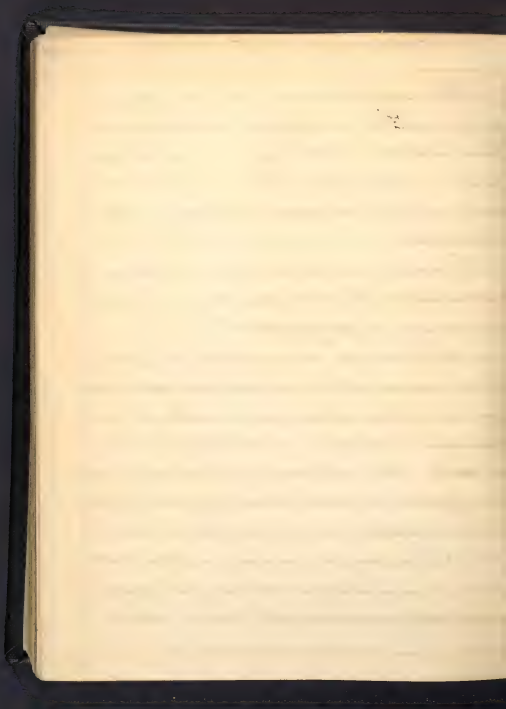
which the disease occurs. In a conversation  
 on this subject which took place between the  
 gentleman with whom I had the honor to  
 study and myself, he said, when you are called  
 to a woman from the first to the fourth day  
 after delivery, and on entering the Chamber,  
 you find her on her back with the knees drawn  
 up respiration much hurried and difficult,  
 the pulse increased up to 120 or 140 in a minute,  
 and on pressing the abdomen she complains,  
 or betrays uneasiness by distortion of counte-  
 nance; you may safely conclude your  
 patient is labouring under Puerperal fever.  
 These are the words of Dr. N. Harrison, a  
 young, though eminent Physician; and one  
 who had considerable practice in this Com-  
 plaint. Deeming it superfluous, to say more  
 on this point I proceed to a brief considera-  
 tion of the Prognosis.



This disease has always been considered dangerous; but making its attack under favourable Circumstances, and opposed by proper remedial agents, within the first thirty hours, we have good grounds to hope for a favourable result.

The disease is sometimes rapid in its progress, particularly in hot climates; terminating not infrequently in forty eight hours.

We should not give an unguarded prognosis in this disease when it attacks soon after delivery, when it is epidemic, or when the constitution or situation of the patient is unfavorable. When the respiration is short, feeble and difficult, the pulse extremely quick, feeble and compressible rising above 160 in a minute. When the Vomiting is frequent, and the matter thrown out is of a coffee coloured fluid, a general cold, damp skin, the Case is almost



hopeless. — On the contrary when the respiration becomes easy, deep and slow, the pulse slower, fuller and more regular; when the stomach becomes composed, as at to retain medicine or food, the tension and pain of the abdomen abate, copious and continued stools, the skin becoming warm and moist from a mild perspiration, the tongue becoming clean, the lochia breaking out afresh and the secretion of milk takes place, we may hope for a favourable termination. But we should be cautious in giving a favourable prognosis under any circumstances.

There is much division of sentiment among writers as to the precise location of Typhoid fever. While some contend that the uterus is the true seat, others, and say the peritoneum, others theomentum others the intestines, &c. But modern examinations exhibit inflammation of the



peritoneum uterine, mesenteric intestines, &c. When  
 is also found a quantity of fluid, similar to that  
 met with in Peritonitis. — Dr. Armstrong  
 states, that in every instance he witnessed, the  
 peritoneum was found inflamed and covered, as  
 well as the surface of the intestines with a  
 layer of coagulable lymph, while a quantity  
 of whey like fluid was effused into the cavity  
 of the abdomen. The thoracic viscera have  
 occasionally been found inflamed.

From what has been said, I think it must  
 be acknowledged that, this is a disease of a  
 high inflammatory action, and demands  
 a practice at once bold and decisive.

Treatment. There is no little discrepancy  
 of opinion among Practitioners on this subject.

While some impressed with the absolute necessity  
 of liberal depletion rely most exclusively on  
 this mode of treatment, there are others, who





viewing the disease in a different light, pursue quite an opposite practice.

Called in the first stage of Typhoid fever, we should first resort to Leech. The lancet should not be sparingly used. 20 or 30  $\text{Z}$  of blood may be taken away at once and this repeated as often as circumstances may demand. The orifice should be large in order that we may gain as much as possible from the sudden detraction of blood. It is the practice of professor Chapman, to resort to local depletion in inflammation of the peritoneum - In as much then as the Cases are similar, would it not be sound practice to use it here? - He recommends 10 or 15  $\text{Z}$  of blood to be drawn off by this means in Peritonitis. The same treatment in my opinion would answer exceedingly well in Typhoid fever.

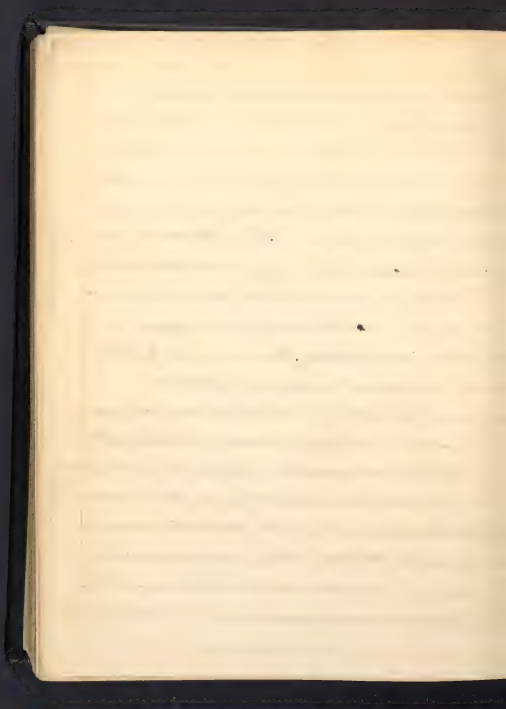
Cathartics are next to be exhibited. Purgative



should be active and repeated; and in order that it may be prompt we should administer large doses. Calomel may be given in the dose of a  $\mathfrak{ss}$  and this to be aided by  $\text{O}_2$  Nitric, or the neutral salts. Salt andenna combined constitute a very good purge. Some practitioners are in the habit of purging moderately with the mildest medicines in the commencement of the disease and then exhibiting anodynes.

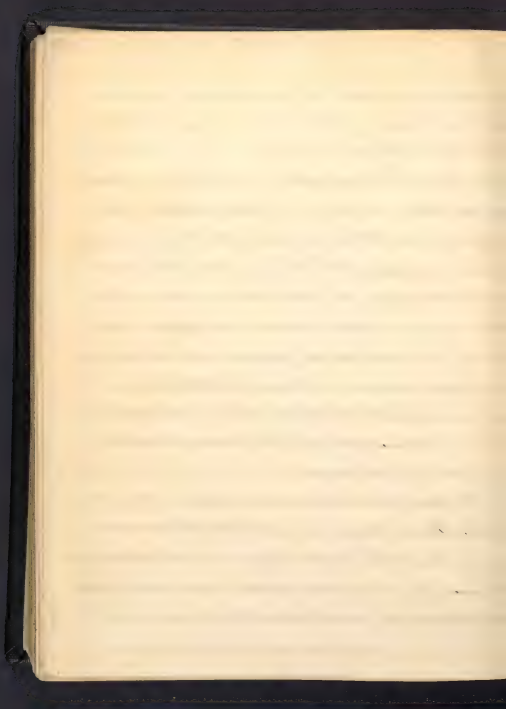
Emollient enemata are found singularly beneficial and should never be neglected.

Copious  $\text{N}^o$  aided by a corresponding degree of irritation is the only means of reducing the high inflammatory action. After the good effects of these remedies have been obtained; that is, after the inflammation has been subdued, we may next resort to blisters, then may be proceeded by warm fomentations to the abdomen. These remedies judiciously applied are productive of



very salutary effects, and will be found admirable  
 the auxiliaries in facilitating a cure. Mr.  
 Burns, concurring with the opinion of Dr. Clarke  
 thinks that the repeated application of blisters  
 excites rather an injurious irritation. He  
 recommends cloths, wet with the oil of turpen-  
 tine to be applied to the belly. When the pain  
 and tenderness of the Abdomen is severe, flan-  
 nels wrung out of hot water and applied to  
 the belly as warm as the patient can well bear,  
 will be found useful. Where the Abdomen is  
 highly painful to the touch and is occupied by  
 extensive inflammation, Dr. Suttan advises to  
 apply Colds to the part.

Vomiting sometimes occurs, and is very ex-  
 aggerated. In the commencement Dr. Armstrong  
 says it should be treated by liberal bloodletting  
 followed by a large Cathartic enema, purging  
 with Calomel combined with Opium. To



restrain vomiting Mr Burns recommends, solid Opium, and an opium plaster applied to the region of the Stomach.

Not a little has been said of Emetics in this disease. They are only admissible in the early stage, when the Stomach is loaded with a dark offensive matter, which keeps up the fever and hastens on the typhoid state. To relieve this organ an emetic may be given.

In the stage of excitement the patient should be slightly covered the room well ventilated gradually raising the temperature as near as possible to  $60^{\circ}$  of F. But in the last or sinking condition, the covering and temperature of the room should be warmer. — In this stage the exhibition of Camphor in large doses, will be found serviceable, or combined with Opium and emetic Tartar, blisters, &c. of Turpentine applied externally and given internally, with a strict observance.





of the whole Antiphlogistic regimen. This is the practice of professor Chapman.

When Congestion takes place, as sometimes happens, in order to produce reaction it is directed that the patient shall if possible be immersed in a bath of  $100^{\circ}$  of  $F^{\circ}$  made stimulant by the addition of common salt. After coming out, the patient should be rubbed dry with warm and soft flannel, and laid between warm blankets, warm drink should be given, bottles of hot water applied to the feet, and a bladder of hot water to the epigastric region. When this bath cannot be obtained, the vapour bath may be substituted. If this is not to be had, the application of warm blankets, bottles of hot water to the feet, and the bladder as above directed, applied to the region of the stomach. - In such cases of emergencies, might we not direct the patient to be well rubbed with some stimulating article as Cayenne pepper &c? -



The diet should be very light, and as before observed the whole Antiphlogistic regimen enforced. Mr. Burns says the strength of the patient may be supported by wine or other cordials; but great caution should be observed in the administration of such articles. Cinchona has been recommended in this disease; but Doct. Dauman advises the Columba root in powder or infusion. In this stage Dr. Armstrong says that every thought of general *Nf.* ought to be abandoned, and if the life of the patient can be saved, which is doubtful, laxatives, and opiates, with light nutritious food is the only means. — But after all our exertions, the disease too often proves intractable, and the unhappy sufferer falls a victim, leaving us to deplore the total insufficiency of all our remedial agents.

